## RECEIVED

## PIERCE COUNTY REPORT OF INCIDENT OR UNSAFE CONDITION AUG 0 3 2009 (Do NOT use to report County-owned VEHICLE damage OR County EMPLOYEE INJURIES).

ROAD OPERATIONS Your Department's Risk Management BARS Code: Department .46.0030 WORK Employee Name PETER ACKOWSK! **Employee** Division, Section, Etc. Completing ROAD Report Work Address Work Phone 9515 Name Home Address Home Phone Person Injured/Involved in Occupation the Accident or HEAVY DREGATOR Incident Work Phone Employed By: PC ROAD What was the involved person doing at the time of accident or incident? W1774 Time C Date, Time and - O9 Piace Location Nature and extent of injury NA Where was injured taken after accident? Name of Doctor The Injury NA Why was injured on premises? NA Owner's Name Home Phone 800)573 QUEST Address **Property Damage** or Theft of List damage: **Property** Police Case #: (Attach additional sheets if necessary.) DIGGING BASIN INSTALL . FOR Description of HOOKED Accident, WERE incident or Unsafe APPROX. 3 INCHES Condition DOWN. 6851 **Locates Required?** YES NO Locate #: Describe 1st Aid: PARKS - Did person resume skating? YES NO Name Address Wk Phone **Hm Phone** 798-497 Name Address Wk Phone Hm Phone Witnesses Date, location and badge # or name of police authority to whom incident was reported: Date Signature of Department or Agency Head Signature of Employee 7-27-*0*9 Return completed form to:

PIERCE COUNTY RISK MANAGEMEN 955 Tacoma Avenue South, Suite 303 Tacoma, WA 98402









